

MAR 20 1935

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

5255

## 1. PLACE OF DEATH

County JacksonRegistration District No. 399File No. 312Township RosePrimary Registration District No. 149. W 61 St. JohnRegistered No. 312City Kansas City, Mo (No. 149. W 61 St. John) St. 61st Ward2. FULL NAME Frederick Calvin Hall(a) Residence, No. 149 W St. 61st Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Uglo Hall6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17 - 1864

7. AGE YEARS <u>80</u>	MONTHS <u>9</u>	DAYS <u>16</u>	IF LESS than 1 day, ..... hrs. or ..... min.
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OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lawyer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky13. NAME Thomas Hall14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky15. MAIDEN NAME Edna Haller16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky17. INFORMANT Lillian Eden  
(ADDRESS) Sumner St. No. 100

18. BURIAL, CREMATION, OR REMOVAL

PLACE Plattsmouth, Mo DATE Feb 5, 193519. UNDERTAKER S. W. Wines  
(ADDRESS) 1212 1/2 W. 1st St. No. 10020. FILED 2-3 1935 M. M. Crowe Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 3 - 193522. I HEREBY CERTIFY, That I attended deceased from 1935 to on Feb - 3 - 1935I last saw him alive on Feb - 3 - 1935. Death is said to have occurred on the date stated above, at 10:20 Am.

The principal cause of death and related causes of importance were as follows:

myocarditis chronic

Date of onset

Other contributory causes of importance:

Name of operation Clinical Date of no.What test confirmed diagnosis? Clinical Was there an autopsy? no.23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no. Date of injury no. 1935Where did injury occur? no.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no.Nature of injury no.24. Was disease or injury in any way related to occupation of deceased? no.If so, specify no.(Signed) L. M. Crowe, M. D.(Address) 713 1/2 W. 1st St. No. 100

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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